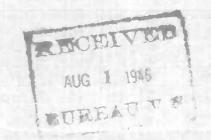
VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bio

### CERTIFICATE OF DEATH

			CERTIFICA	IE OF DEATH	Reg. Dist. No	
1. PLACE OF DEAT County	Somer Rural taide city or town if f death? 5 freet address where Home, Ru	Crimits, write R years death occurred ral, (	sfield URAL and give nearest town) Crisfield RITTINGHAM	Street No. Meador	County Somerset  Crisfield  or town limits, write RURAL and give ner  Wfield Section  (If rural, give LOCATION)	
	5. Color or race	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	, married, widowed, or divorced	) MEI	DICAL CERTIFICATION	
Male	White		Widowed	20. DATE OF DEATH THE	1 19 19 46	10 30 K
6.(b) Name of husband or Decess 7. Birth date of deceased (mo., day, yr.)	Front	6.(c	ttingham  ) If allve, give ageyears  Date Unknown	and fhat I last saw ballve	on the date above stated; fhant attended dece	ased from
8. AGE: Years 83	Months	Bays	If less than one day	Immediate canse of deeth	e ) Hul	BURATION 3. MARLO
9. BirthplaceW ∈	estover, (Town.) Farme	eounty, and s	Land	Bue to Chance C	Jul wyula yronela	1. Glass
	Tohn Bri Somerset		ham Maryland	Bither conditions	do Celhio Solis	. Som
<b>E</b>	Unknown			(Include pregna	ncy within 3 months of death)	
T (4, maigen name				Major findings of operations		
16. InformantJC	hn Brit		***************************************	Autopay results		
Address RF	D, Mari	on, M	d.	PHYSICIAN: Please anderline th	he cause to which deeth abould he charged	stotistically.
17. Burial (Burial, cremation, o Cemetery or crematory.	Pocomo	ist Co ke Ci	ty, Md.	Accident, suicide, or homicide Where did injury occur?	fo external causes, fill in fine tollowing;  Bate ot	(State)
Address  Address  Only 30  (Date rec'd by regis	Crisfi	eld, l	radshaw Md.  Md.  Registrar	23. SIGNATURE Surpr	ODeselbran M. D.	or other



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore ///2)

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
Crisfield	State Maryland County Somerset
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Lifetime	(inictical)
How long in above place of death? LITE UTINE	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: Home, Broadway	Street No. Lower Broadway
Home, Droadway	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
JOHN BUNDIC:	K
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Male Colored	20. DATE OF DEATH July 14 1946 2300 Y
S.(b) Name of husband or wite Alice Green Bundick	21. I CERTIFY that death occurred in the date above stated; that I attended deceased from
60	
7. Birth date of	ars and that I last saw h
deceased (mo., day, yr.) March 15, 1890	Imagine cause of death accurate DURATION
8. AGE: Years   Months   Days   It less than one day	A TEACH
55 3 29 hrs.	in.
Onancock-Accomac-Virginia	DATELLO.
S. Siringlace(Town, county, and state)	Due to Communication of the Co
Painter	
10. USUAI OCCUPATION	Due to the transfer of the tra
11. Industry or business Shipyard	
E 12. Name Unknown	Other conditions Orlered
12. Hame Unknown	Sclososis
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operativities The Court bourn. M. D.
Alice Bundick	DEPUTY MEDICALIE EXAMINER
Address Broadway, Crisfield, Md.	PHYSICIAN: Please underlin POR const to Rich Joan South Charged Mitistically.
7144.44	6 22. VIOLENCE: If death was due to external causes, till in the following;
Burial Burial (Burial, cremation, or removal Which?)  Burial (Burial, cremation, or removal Which?)  Date thereof July 17, 194  (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory Lawsonia Colored Cemetery	Where did injury occur?
Tyler Street Baptist Church	Injured at home, tarm, industry, public place (where?)
H. Harvey Bradshaw	Meane of Injury Injured at work?
18. runeral director	- Zwis
Address Crisfield, Maryland	I hourt o milhautia
7/11/11/11/11/19/0000000	23. SIGNTURE. M. D. or other
19. // 4 / 4 / 19 6 6 (67 1000) 10	2 You is d'a a l'And Lieu Ve

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AUG 9 1946

BUREAU V S.

### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (131-0) correct age Reg. Diat. No. 26 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: information carefully of death clearly and Row long in above place of death?.. Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) 2.(g) if veferan, name war..... How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or raco 6.(a) Single, married, widower, or divorced MEDICAL CERTIFICATION causes MARGIN RESERVED FOR BINDING item of 21. I CERTIFY that death occurred on the dato were stated: that I attended decessed from 6.(b) Name of husband or wifo..... .6.(c) If alive, give ago ..... deceased (mo., day, yr.) DURATION Immediate cause of death ADING INK. Supply Physicians: please wr Months tt less than one day 8. AGE: 11. Industry or business 12. Name .... important. 13. Pirtholaco (Include pregnancy within 8 months of death) 14. Malden nam 15. Birthplace PLAINLY, 1 is especially 16. Informant PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to exfernal causes, fill in the tollowlog; Accident, suicide, or homicide.....

Where did injury occur? .....

Moans of Injury

Registrar

(City or town) Injured at home, farm, Industry, public place (where?) .....

Injured at work?

NS

Address

(Date rec'd by registrar)



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N Charles St Baltimore OF

		2111 III Ondries Di	,	111010
tem3: 6.202	9/21	CERTIFICATE	OF	DEATH

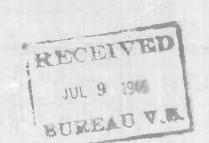
WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

**VS A15** 

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County City or town D. Frances Change Tod	State Mary and County Somerant
City or town	City or town
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, Harried, widowed, or divorced	MEDICAL CERTAFICATION
7 w morried - Sep	20, DATE OF DEATH
H. Osepi Granda	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife 6.(c) If alive, give age 6.5 years	
7. Birth date of	and that I last saw h
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
63hrsmin.	Least Endelies was The
9. Birthpiace. Italy	Bue to Cleans D death Bain
Town, county, and state)	
10. Usual occupation	Due to
11. Industry or business	
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
m - C - 201	Autopsy results.
0 1 0	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address rucesa lune, mo.	22. VIOLENCE: It death was due to external causes, flit in the following;
Bate thereof (month) (day (year)	Accident, suicide, or homicide
Cemetery or crematory Mana Manager Comments	Where did injury occur?
Location Dalubury Maryland	Mjured at home, farm, Industry, public place (where?)
18. Funeral disector, handle	Meens of Injury Injured at work?
Address Princego Jung And	23/3/SIGNATURE & Swinch Watin allowance
5 July 8, 46 K. J. Johnson M	M. D. or other
(Date refd by registrar) First Check Registrar	Address Date signed





MARGIN RESERVED FOR BINDING VS A15 9,45.15

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For members in facts a five residence of mother)
City or town Croutside city or town limits, write RUHAL and give nearest town	State County County State Count
How tong in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nosyriai, matitution, vi street activos mino	Sireet No
How long to hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME alenender Eu	3. (b) Social Security Number
4. Sex  1. Sex	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  20. DATE OF DEATH
6.(b) Name of husband or wife	21. I GERTIFY that death occurred on the date above dated: that I altended decoased from
7. Birth date of deceased (mo., day, yr.) O-CF 29-1858	and that t last saw h
8. AGE: Years Months Days tf less than one dayhrshrs.	Immediate cause of death article Selves
9. Bland Sussefy DE (Town, county, and state)	Duo ta
10. Usual occupation	Due to
11. Industry or business  12. Name Common Survival Common Surv	Other conditions
14. Malden name	(Include pregnancy within 3 months of death)  Major findings of operations
2 15. Birlipplace	Date of op.
18, informant the second secon	Autopsy results
Address Grantegord Del Burial Date thereot Jacky 5 1946	22. VIOLENCE: tf death was due to externat causes, fill in the following:
(Burial, cremotion, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	(City or town) (County) (State)  Injured at home, farm, industry, public place (where?)
Localion	Meana of injury injured at work?
18. Funeral direct	A
Autrose Us Oskario	23. SIGNATURE Trackment us M.D. or other
19. that rec you registrar)	Mediess Princes and Date signed 7/5/4



2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

(17278360 Reg. Dist. No. 360

	Reg. Dist. No. 3
1. PLACE OF DEATH:  County  City or town	State County Cou
3. (a) FULL NAME Martine L. Hanco	ck 3. (b) Social Security Number
4. Sex  1. Sex	MEDICAL CERTIFICATION  20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If tess than one day	and that I last saw h live on live on DURATION  Immediate cause of death DURATION
10. Usual occupation	Other conditions
14. Malden name. Market Smartland  15. Birthplace  18. Informant. Market William Smartland  Address  Poro-he Cibr 2nd	Major findings of operations
Date thereof. (Burial, cremation, or removal. Which (Burial, cremation, or removal.)	22. VfOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director. Section 1997	Injured at home, farm, industry, public place (where?)  Meens of Injury  Injured at work?  23./\$10NATURE
19. (Date record by registrar) 19. (Date record by registrar) Régistrar	W. C. Carela Bure. 12/12/1

- MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cises of specially important. Physicians: please write the causes of death clearly and legibly.

The correct age



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CERTIFICAT	E OF DEATH Roy, Dist. No. 26.5
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Baltimore City  City or town Baltimore  (If outside city or town limits, write RURAL and give nearest town)  1103 E. Pratt St.  (If rural, give LOCATION)  2.(a) If reteran, name war.
3. (a) FULL NAME  JOHN J. JENNETTA	3. (b) Social Security Number
Male   5. Color or race   9.(a) Single, married, widowed, or divorced   Married	MEDICAL CERTIFICATION  20. DATE DE DEATH JULY 3 / 19 19 19 19 19 19 19 19 19 19 19 19 19
6.(b) Name of husband or wife Myra Walston Jennetta  6.(c) If alive, give age 33  7. Birth date of August 25, 1893	21 CERTIFY that seath occurred on the date above stated: that attended deceased from 15
deceased (mo day, yr.)  8. AGE: Years Months Days If less than one day 52 11 6 hrs. min.  Baltimore City-Maryland  (Town, county, and state)  10. Usual occupation  11. Industry or busingss  12. Name Janes Jennetta  13. Birthplace Italy	Duration
13. Birthplace Italy  14. Maiden name Unknown  15. Birthplace Italy  18. Informant Myra Walston Jenneta	(Include pregnancy within 3 months of death)  Major findings of operations
Address 1103 E. Pratt St, Baltimore  Burial  Burial  Burial  Burial  Burial  Burial  Burial  Baltimore  Cemetery or crematory  Location  Baltimore County, Maryland  Baltimore County, Maryland  Baltimore County, Maryland  Crisfield, Maryland  Baltimore County, Maryland	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide

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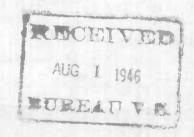
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 200-e)

### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (H-FOME) OF DECEASE):  (For newborn infants give residence of mother)  Siste.  Covery  City or fown.  (If outside city or town limits, write RURAL and give measured town)  Siste.  Covery  City or fown.  (If outside city or town limits, write RURAL and give measured town)  Size Re.  (If outside city or town limits, write RURAL and give measured town)  Size Re.  (If outside city or town limits, write RURAL and give measured town)  Size Re.  (If outside city or town limits, write RURAL and give measured town)  Size Re.  (If outside city or town limits, write RURAL and give measured town)  Size Re.  (If outside city or town limits, write RURAL and give measured town)  Size Re.  (If outside city or town limits, write RURAL and give measured town)  Size Re.  (If outside city or town limits, write RURAL and give measured town)  Size Re.  (If outside city or town limits, write RURAL and give measured town)  Size Re.  (If outside city or town limits, write RURAL and give measured town)  Size Re.  (If outside city or town limits, write RURAL and give measured town)  Size Re.  (If outside city or town limits, write RURAL and give measured town)  Size Re.  (If outside city or town limits, write RURAL and give measured town)  Size Re.  (If outside city or town limits, write RURAL and give measured town)  Size Re.  (If outside city or town limits, write RURAL and give measured town)  Size Re.  (If outside city or town limits, write RURAL and give measured town)  A state of city or town limits, write RURAL and give measured town)  Size Re.  (If outside city or town limits, write RURAL and give measured town)  Size Re.  (If outside city or town limits, write RURAL and give measured town)  Size Re.  (If outside city or town limits, write RURAL and give measured town)  Size Re.  (If outside city or town limits, write RURAL and give measured town)  Size Re.  (If outside city or town limits, write RURAL and give measured town)  Size Re.  (If outside city or town limits, and city or town)  If outside city or town		
Courty  City or total  City or total	1 PLACE OF DEATH	2 IISHAL RESIDENCE (HOME) OF DECEASED.
City or teach.  (If cousind city or town liming. Arite MUIAL and give nearest known)  (If cousind city or town liming. Arite MUIAL and give nearest known)  (If cousind city or town liming. Arite MUIAL and give nearest known)  (If cousind city or town liming. Arite MUIAL and give nearest known)  Street No.  (If roral, give LOCATION)  Street No.  (If roral, give LOCATI	I. FLACE OF DIVATING	(For newhorn infants give residence of mother)
Sinte. Courty  (If outside city or town limits, white RURAL shall give name town)  Res long in above piace of death?  Respital, institution, or steet address where death occurred:  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest Rown)  Street Ro.  (If outside city or town limits, write RURAL and give nearest Rown)  Street Ro.  (If outside city or town limits. write RURAL and give nearest Rown)  St	County	( contract of the contract of
City or team.  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limits, write RURAL and give nearest town)  (If outside city or town limit	1:-1:-0 - 1:-12	State County
Now long in above piace of death?  (If outside city or fown limits, write RURAL and give nearest fown)  Street No. (If rural, give LOCATION)  2.(a) If veleran, name war.  3. (b) Social Security Number  3. (c) FALL NAME  3. (b) Social Security Number  3. (c) FALL NAME  3. (c) Social Security Number  4. Serie  5. Soner or race  6. Soner	City or town	0001)
Street Ro. (If rowns), give LOCATION	(If outside city or town limits, write RURAL and give nearest town)	City or fown
Street Ro. (If rowns), give LOCATION	How long in show place of death?	(If outside city or town limits, write RURAL and give nearest town)
Steel No.   (If rowed, give LOCATION)		
Rev   long in   hospitul or   Institution?	Hospital, Institution, or street address where death occurred:	Street No.
Rev long in heapital or institution?   2.(a) If referan, name war   3.(b) Social Security Number		
3. (a) FILL NAME  3. (b) Social Security Number  4. Sas    5. Color or race  6. (co) Single, married, widowed, or diverced  8. (co) It alies, give age.  9. Sink date of deceased (mo., day, yr.)  9. Birth place.  (Towns, county and the second of the secon	***************************************	
3. (a) FBLL NAME  3. (b) Social Security Number  6. (c) Single, married, wildwide, or divorced  8. (c) Single, married, wildwide, or divorced  8. (c) Halve, give age.  9. (c) Halve, give age.  1. Birth date of deceased (mo., day, 71.)  9. Birth place.  (Town, county)  10. Usual occupation.  11. Industry or business  12. Name.  13. (include pregnancy within 3 months of death)  14. Maiden name.  15. Informant.  16. Informant.  17. Sinthalize.  18. Actes:  19. Sinthalize.  19. Sinthalize.  11. Industry or business  11. Industry or business  11. Industry or business  12. Name.  13. (include pregnancy within 3 months of death)  14. Maiden name.  15. Informant.  16. Informant.  17. Sinthalize.  18. Informant.  19. Sinthalize.  19. Si	How long in hospital or institution?	2.(a) If veteran, name war
4. Sea 2 5. Coler or race  6. (a) Simple, married, widowed, or diverced  7. Birth date of Second (mo., doy, yr.)  8. AGE: Vests Meanths  19. Birthplace  (Town, compy, and state)  10. Usual occupation  11. Industry or business  12. Rame  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  17. Birthplace  18. Maiden name  19. Birthplace  19. Warner  10. Usual occupation  11. Industry or removal, Which is supported to the date about the charged statistically.  16. Informant  17. Birthplace  18. Actiopsy results.  19. Major findings of operations.  19. Major findings of operations.  10. Usual occupation  11. Usual occupation  11. Information or removal, Which is months of death)  12. WIOLENCE: It death was due to external causes, fill in the following:  18. Actionsy remains. Or removal, Which is months of indury  18. Funeral director  18. Funeral director  18. Funeral director  18. Funeral director  19. Signal pate.  29. Signal pate.  20. Date of DEATH.  20. Date of beath.  20. Date of death.  21. Index of the date of death about the charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following:  22. VIOLENCE: It death was due to external causes, fill in the following:  22. VIOLENCE: It death was due to external causes, fill in the following:  22. VIOLENCE: It death was due to external causes, fill in the following:  23. Signal pate.  24. Date of the date of the cause to which death about do charged statistically.  25. VIOLENCE: It death was due to external causes, fill in the following:  26. Accident, suickly or homicide.  27. VIOLENCE: It death was due to external causes, fill in the following:  28. Address  29. Signal pate.  20. Date of the cause to which death about do charged statistically.  29. Signal pate.  20. Date of the cause to which death about do charged statistically.  29. Signal pate.  20. Date of the cause to which death about do charged statistically.  29. Signal pate.  20. Date of the cause to which death about do charged statistically.  20. Date of t		
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1 1 59 16 R. D. or other		NY T
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M. D. or other	nous of the state	28 SIGNATURE
19. Mary 19 19 1 19 1 19 1 19 1 19 1 19 1 19 1	( 1 1/2 ha 1/2 1 d) 1 1/2.	M, D, or other
(Date rec'd/by registrar)  (Date rec'd/by registrar)  (Begistrar   Address	10 tolly 24, 19th A. W. Bohnson M.	7/20/1
	(Date rec'd by registrar) Registrar	Address Capta signed



MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# ログクタイ

				TE OF DEATH Reg. Dist. No. 265
1. PLACE OF DEAT County	Crisfi  side city or town death? L  reet address where Route	eld Imits, write R ifetin Jeath occurred		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State. Maryland County Somerset  City or town Rural Rt. #1, Crisfield  (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war 3. (b) Social Security Number
4.6	E Color on soor			• =
4. Sex Male	White		a married, widowed, or divorced downed.	MEDICAL CERTIFICATION  20. DATE DF DEATH 19 4621 7 4
6.(b) Name of husband or Deces.  7. Birth date of deceased (mo., day, yr.)	Exact	age un	) If allve, give ageyea known	21. I CERTIFY that death occurred on the tate bore stated; that attended deceased for 19
8. AGE: Years  PPPOX 60	Months	Days	If less than one day	Jun shot wound
10. Usual occupation  11. Industry or business  EXECUTE 12. Name	Carper Build Ifus W. risfield ary E. I risfield aymond I	ing Lord d, Md. Dize d, Md. Lord	t-Maryland  bee)  #1, Md.	Due to
Burial (Burial, cremation, or Cemetery or crematory. Location	r removal. Which? Lord F	amily , Cris	July 20, 1946 Cemetery Sfield, Md. dshaw	22. VIOLENCE: If dealh waster to external causes, it in the following:  Accident Suicide or hopicid  Where did injury occur (City of town)  Injured at home farm, Industry, public place (where?)  Means Out

RECEIVAUG 9 1946
BUREAU V 8

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore 469 CERTIFICATE OF DEATH

07282

1. PLACE OF DE	EATH: So	merset		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County		indonua		State Maryland County Somerset	
City or town	જુવ	Indodus	LO A T and a man and a county	Dural Outradous	
(If	outside city or lown	fetime	KAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give near	rest town)
	e of death?			(If offiside city of town mintes, write to clear and give non-	Zeno worring
Hospital, Institution, o	ral, Qu	indodua		Street No.	
		11149446		(If rural, give LOCATION)	
How long to hospital	or Institution?		***************************************	2.(a) If veteran, name war	
3. (a) FULL NAM				3. (b) Social Security Number	
	B	ENJAMIN	SHERMAN MAI	DDOX	
4. Sax	5. Color or race	1 8.(a) Single.	married, widowed, or divorced	MEDICAL CERTIFICATION	
Male		1012			22.0
	White		rried	2D. DATE OF DEATH. July 12 19.46	17700
	d or wife. Gold	den Mad	dox	2h I CERTIFY that death occurred in the date above stated; that pattended dace	ased from
6.(6) Name of husband	d or wife		53	Jan 1 1946 10 June 1	
*************************	***************************************		If alive, give ageyears	and that t last saw harmalive on June 1	4.1
7. Birth date of deceased (mo., day,	Nove	mber 24	, 1886		
		Days	If less than one day	Immediate cause of death	DURATION
8. AGE: Yea 5		18		asul Deer Heal	*
			hrsmin.		
Qu:	indoqua-S	Somerse	t-Maryland .	Bus to ( sergense o) Caresans	6 leads
9. Birthplaca	C (Town	county and st	te) Farmer	6	
10 Hearl accuration	Var		- rarmer		
				Due to	***************************************
11. industry or husine	Benjamin	S Mod	202		
원 12. Name	Derr Tanit Tit	S. Mad	COX	Other conditions live wet upper	
13. Birthplace	Quindoqua	a, Mary	land	(Include pregnancy within 3 months of death)	
14. Malden name			***************************************	Major findings of operations. Cucsan J. C. cucan	
M 15. Birthplace	Quindo	qua, Ma	ryland	Date of op	
	Golden	Maddox		Antopsy results.	
16. Informant	*******************			PHYSICIAN: Please underline the cause to which death should be charged	statistically.
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17		h?)	(month) (day) (year)	Accident, suicide, or homicide	
Samalani an ani	Sunny	Ridge	Cemetery	Where did injury accur?	(State)
cemetery or crema	Rural	Crief	ield, Md.		\
Location			000000000000000000000000000000000000000	Injured at home, farm, Industry, public place (where?)	
	H. Har	rvey Br	adshaw	Means of injury Injured at work?	
18. Funeral director.			***************************************		7
Address	Orisi	ield, M	u.	23. SIGNATURE Design Coulling	My V
01	17	m.	anna terlan	23. SIGNATURE M. D.	of other
19. July	17, 19.44 registrar)	I.M.	A Registrar	Address Margan Dio Mo Date signed	Aul 134
(Bate rec'dby	registrar)		A Registrar	Address. M. Date signed	the contract of the

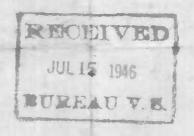


### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICA	TE OF DEATH Reg. Dist. No. 260
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
Now long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME  Glice P. Miller.	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced    6.(b) Name of husband or wife   Section   Section    7. Birth date of deceased (mo., day, yr.)   3   18 78    8. AGE: Years   Months   Days   14 less than one day    6. Co) It alive, give age   7.3    7. Birth date of deceased (mo., day, yr.)   3   18 78    8. AGE: Years   Months   Days   14 less than one day    6. Co) Single, married, widowed, or divorced    8. Color or race   6.(a)Single, married, widowed, or divorced    8. Color or race   6.(a)Single, married, widowed, or divorced    8. Color or race   6.(a)Single, married, widowed, or divorced    8. Color or race   6.(a)Single, married, widowed, or divorced    8. Color or race   6.(a)Single, married, widowed, or divorced    8. Color or race   6.(a)Single, married, widowed, or divorced    8. Color or race   6.(a)Single, married, widowed, or divorced    8. Color or race   6.(a)Single, married, widowed, or divorced    8. Color or race   6.(a)Single, married, widowed, or divorced    8. AGE: Years   Months   Days   18 78    8. AGE: Solution   18 78    8. A	and that I last saw h albe on 19.  Immediate caused death OURATION
9. Birthplace (Town, county, and state)  10. Usual occupation	Due to
14. Maiden name  15. Birthplace  16. Intermant  Address  Address  Date thereof  (month) (day) (year)	Accident, suicide, or homicide
Location Process Dashiel  18. Funeral director Same Sayre Males  Address Princess Sayre Males  19. July 12. He R. Sayre Males	Where did injury occur? (City or town) (County) (State) injured at home, farm, industry, public place (where?)  Means of Injury Injured at work?  M. D. or other Address Date signed.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 3.60

CERTIFICATION .	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town (If outside city or town limits, write RUKAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Lydia: White Powell	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DE DEATH
6,(b) Name of husband or wife William Founds  6,(c) If alive, give age 7,8 years	21. I CERTIFY that double occurred on the date above stated; that Lattended deceased from
7. Birth date of deceased (mo., day, yr.) desc. 22 1876  8. AGE: Years   Months   Days   If less than one day	and that last saw h. C
9. Birthplace Dear Princes Ounce Some soft	Due to. Al-Affahlasai
10. Usual occupation. House as the	Due to
11. Industry or business  12. Name Officer J. Pusey  13. Birthplace Princes One Man.	Other conditions Please Delles
# 14. Malden name. Clesabed Powell	(Include pregnancy within 8 months of death)  Major findings of operations
18. Informant Ralph Jawell	Antopsy results
Address Princes and Market Market	22. WOLENCE: tf death was due to external causes, fill in the following:
17	Where did injury occur?
Location Trunciso Renne moll	Injured at home, farm, Industry, public place (where?)
18. Funeral director Charles Dashell	Means of Injury Injured at work?
potress Princess ange, And.	23/ SIGNATURE HELD B. Miles Of M. D. of other 1/2/41
(Date rec'd by registrar) Registrar	Address Signed signed



1 1/1

# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 83 0 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) How long in above place of death?..... (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution? 3. (b) Social Security Number 21. I CERTIFY that death occupred on the date above stated; that I attended deceased from . 6.(c) If alive, give age ......vears and that I last saw he ..... alive on ..... dee ! U Immediate cause of death NOITARUG Months If less than one day (Include pregnancy within 3 months of death) Major findings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof (maghth) (day) (year) Accident, suicide, or homicide, Whore did injury occur? ..... (City or town) Injured at home, farm, industry, public place (where?) ... injured at work?

7120 CCS

egistrar Address..

1. PLACE OF DEATH:

3. (a) FULL NAME

8.(b) Name of husband or wife

Years

7. Birth date of deceased (mo., day, yr.)

E 15. Birthplace 16. Informante

8. AGE:

4. Sex

legibly.

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information of death clea

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PLAINLY,

FOR BINDING

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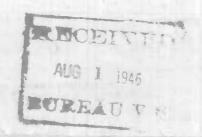
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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 166)

CERTIFICATE OF DEATH	
1. PLACE OF DEATH: Songraff	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
City or town	City or town
How long In hospital or institution?	Street No
3. (a) FULL NAME Causy Luceile	Jevigs 3. (b) Social Security Number
4. Sex 5. Color or acc 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DF DEATH. 19.46 of 2 3 P. N
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
19 9 min.	Said the said
9. Birthplace (Town, county and state) 10. Usual occupation (Usual occupation)	Due to
11. Industry or business, 'Carlo State of State	Other conditions.
13. Birthplace Sade Sources  14. Maiden name Sade Sources  15. Birthplace Derivoup Ned	(Include pregnancy within 3 months of death)  Major findings of aperations.
18. Informant Color Color Color	Abtopsy results. Filtrand Learners of op. Bate of op.
Address Weak Select Step 22 - 46	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VRULENCE: If death was due to external causes, fill in the following:  Aceterial evicide or hornicide.
(Burial, cremation, or smotal Which)  Cemetery or cremitors	Where Mid Injury occur?
Location	Injured at home farm, industry, public place (where?)
Address Stal Soland Medater	23. SIGNATURE TRUE 14 South M. D. or other
19./	Address Villucate Que Med Date signed 7/20/46



# WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3

### CERTIFICATE OF DEATH

Reg. Dist. No. 220

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Darrosot	
City or town 14 5. W. Cres (cold)	State Md County Somewall
(If outside city or town limits, write RUR L and rive nearest town)	City or town
How long to above place of death?	(If outside city or town limits, write KUKAL and give hearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(if rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Rev. Robert dr. Wilson	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH TEADY 25 6 1974 21 8 1. M
1.000	21. I CERTIFY that death occurred on the vate above stated; that I attended deceased from
8.(b) Name of husband or wite Susassas Ulls	Jaev 1 0 1945 July 26 1946
6.(c) It alive, give age	
7. Birth date of deceased (mo., day, yr.) SONT 55	and that I last saw hallve on
	Immediate cause of death
o. Add.	acus De J Neut
67 10 1hrsmin.	
9. Birthplace. Worchester los Tod	Due to Tulisculus Cueca Turgo / year
10. Usual occupation To. La. Minister	musto Pulminey Tulisuluis face
11. Industry or business Church	J. 10.10.10.10.10.10.10.10.10.10.10.10.10.1
= 12 Namo Herry Wilson	Other conditions
E .	Utner conditions
13. Birthplace Umc	(Include pregnancy within 3 months of death)
14. Maiden name dommo marshall	Major findings of operations Britishy & Cufini day
	Major findings at aperations.
15. Birthplace	Date of op.
16. Informant Commett Wilson	Antapsy results
Address Somuglies n. f.	PHYSICIAN: Please underline the cause in which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
(Burlai, cremation, or remotal. Whichi)	
Cemetery or crematory	Where did injury occur?
Location Prespect to D. O.	Injured at home, farm, Industry, public place (where?)
18. Funeral director data and de de de de de	Means of Injury tnjured at work?
Address 366 Mary St. lossofield t	25 Sonature Surge QQuellourn ma
0.0,20 41 8,8000	M. D. or other
19. July 2 7 19 76 6 16 16 Sally Registrar	Address Murent Do ned Bate signedly 27,46

